

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and Privacy
Statement on Reverse Side

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CLAIMANT'S NAME Matthew David			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Chief of Staff			CB/D NUMBER			DIVISION OR BUREAU Communications		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY STATE ZIP			CITY STATE ZIP			CITY STATE ZIP		
Sacramento			California			95814		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE		TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT			
28-Oct	2pm	Sac > DC	275.00			18.00					0.00			293.00
29-Oct		DC	195.00			18.00	6.00			30.00	0.00			249.00
30-Oct		DC > NYC > LA		6.00			6.00			54.95	0.00			71.95
31-Oct	12.30am	LA									0.00			0.00
1-Nov	12.25pm	LA > Sac						173.60			0.00			173.60
											0.00			0.00
											0.00			0.00
											0.00			0.00
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											0.00			0.00
											0.00			0.00
											0.00			0.00
SUBTOTALS			470.00	6.00	0.00	36.00	12.00	173.60	0.00	89.95	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$787.55	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) Staff for Georgetown Speech and ARRA Event		NORMAL WORK HOURS	
		PRIVATE VEHICLE LICENSE NUMBER	
		MILEAGE RATE CLAIMED 0.445	
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240781	
CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 11/23/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE	